PTO/SB/06 (08-03)

Approved for use through 7/31/2008. OMB 0651-0032

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	PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875										Application or Docket Number		
	CLAIMS AS FILED – PART I (Column 1) (Column 2)							SMALL	ENTITY	OR		R THAN . L ENTITY	
	FOR	· ·	NUM	BER FILE	AUN C	NUMBER EXTRA		RATE	FEE	7	CATE		
	ASIC FEE 7 CFR 1.18(a))						10114	345	1	RATE	\$ 790		
Ti	OTAL CLAIMS 7 CFR 1.18(c))		17 minus 20 =			1	7	1 9	1.20	OR	10	15_790	
IN.	DEPENDENT CLA	IMS	-+-			<del>/ · ·</del>	-	X \$ =	<del>                                     </del>	OR.	x s 18 =		
	7 CFR 1.18(b))		<del>-خ</del>	minus 3 = .*			-{	x \$ 44 =		OR	x s 86 =	<u> </u>	
M	ULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(d))							+\$ 140=	1/	OR	+ \$ 280_		
1.	If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		OR	TOTAL	790	
. CLAIMS AS AMENDED - PART II													
11.	-7-07									00	OTHE	R THAN	
1	T	<del>``</del> -	lumn 1)		(Column 2) HIGHEST	(Column 3)	<b>7</b>	SMALL	ENTITY	OR		ENTITY	
MENT A	•	REI A AME	MAINING FTER NDMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		. RATE	. ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
8	Total (37 CFR 1.16(c))	. (		Minus	20			× s25 =	. /	OR	×\$50=	50	
AMEND	Independent (97 CFR 1.16(b))		5	Minus	"3	• 2		x s/00 =		OR	× \$ 200 =	1/00	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ \$ [80] =	./	OR	+ \$ 360 =	7100	
							<b>.</b>	TOTAL ADD'L FEE	/	OR	TOTAL ADD'L FEE	450	
	(Column 1) (Column 2) (Column 3)							•	<del> </del>	<b>4.</b> ,	. VOD É LEE		
AMENDMENT B		REM	AIMS AINING TER IDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.16(c))	1		euniM	70			X \$ =		OR	X \$ =		
AEN	Independent (37 CFR 1.16(b))		5	Minus	"5	5		X \$ . =	·		x \$ =		
AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+s =		OR OR			
		•	•			<del></del>		TOTAL ADD'L FEE			TOTAL		
		(Cotu	mn 1)	•	(Column 2)	(Oalus a 0)	•	,		OR	ADD'L FEE		
C		CL	AIMS	•	(Column 2). HIGHEST	(Column 3)	Г			1		·	
MENT	· ·	AF AMEN	AINING TER DMENT	·	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total (37 CFR 1.18(c))	•		Minus	••	3		X\$ =		OR	X \$ =	, <u>, , , , , , , , , , , , , , , , , , </u>	
AMEND	independent (37 CFR 1.16(b))	•		Minus	•••	E		X \$_ =		OR	X\$ =		
AN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+\$ =	<del>-                                    </del>	OR OR	+ 5 =		
										•	TOTAL		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box is column 4.													

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